

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - 12591

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Charles W Wiggins

P.O. Box, Bldg., Room No., if any

Street 2475 Taylor Road

City New Smyrna Beach

State Florida ZIP Code + 4 32168-9334

4. Name, file number, and address of labor organization.

Name UA Plumbers & Pipefitters Local Union 295

Labor Organization File Number 039-008

P.O. Box, Building and Room Number, if any

Street 743 North Beach Street

City Daytona Beach

State Florida ZIP Code + 4 32114-2279

5. Position in labor organization. Finance Committee Member

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

\$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Charles W. Wiggins

On

7/7/2005

Date

386-424-0605

Telephone Number

Name of Person Filing Charles Wiggins	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount. \$0</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$0</p>

LOCAL UNION 295 *United Association of Plumbers & Pipefitters*

743 North Beach Street, Daytona Beach FL 32114-2279 (386) 252-7171 E-Mail: local295@cfllr.com web page: www.ua295.org

August 12, 2005

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

CERTIFIED #7004116000314472220

Gentlemen:

Enclosed please find the following listed forms for filing. Please receipt the enclosed copy of this letter and return it to us in the enclosed postpaid envelope.

<u>FORM NUMBER</u>	<u>NAME</u>	<u>REMITTANCE</u>
LM-30`	Brett Mirsky	\$-0-
LM-30`	Brett Mirsky	\$-0-
LM-30`	James E. Hildebrand	\$-0-
LM-30`	James E. Hildebrand	\$-0-
LM-30.	Patricia L. Mooney	\$-0-
LM-30.	Mark P. Grenier	\$-0-
LM-30.	Troy L. Brown	\$-0-
LM-30.	Thomas R. Spivey	\$-0-
LM-30.	Oliver B. Winn, Jr.	\$-0-
LM-30.	Joseph M. Fisher	\$-0-
LM-30.	Charles W. Wiggins	\$-0-
LM-30.	Clinton T. Roach	\$-0-
LM-30.	Curtis M. Vann	\$-0-
LM-30.	Howard D. Kennedy	\$-0-
LM-30.	Rusty B. Bennett	\$-0-
LM-30.	Patrick D. Malphurs	\$-0-
LM-30.	Larry A. Knapp	\$-0-
LM-30.	Larry A. Knapp	\$-0-
LM-30.	Ronald J. LaRiviere	\$-0-
LM-30.	Floyd B. Madewell, Jr.	\$-0-
LM-30.	Ralph E. Roberts	\$-0-

Very truly yours,



Brett Mirsky
Business Manager
BM/tw

Enclosures: As noted above

**Covering all of Flagler, Volusia and Brevard counties, including Cape Canaveral Air Force Station,
Patrick Air Force Base, Kennedy Space Flight Center and Malabar Radar Site**

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United Association of Plumbers & Pipefitters

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